Kansas Department on Aging

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				71. 531.25/NO.		
		N089030	B. WING		10/31	1/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ATRIA HE	ARTHSTONE WEST	3515 SW 6 TOPEKA, I	TH AVENUE S 66606			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS		S 000			
	conducted at the abo facility in Topeka, Kar and 10/31/16. Revise	s are the result of a rith attached complaint ve named assisted living nsas on 10/26/16, 10/27/16 and 2567 sent to facility on 7 sent to facility on 12/19/16.				
S 115 SS=C	26-39-103 (d) Reside Records	nt Right Inspection of	S 115			
	(d) Inspection of records.  (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time.  (2) The administrator or operator shall ensure access to each resident 's records for inspection and photocopying by any representative of the department.					
	This STANDARD is t KAR-39-103 (d) (2)	not met as evidenced by:				
	included 3 residents a resident. Based on in for all residents, the caccess to each reside	29 residents the sample and one focus review terviews and record reviews operator failed to ensure ent's records for inspection any representative of the				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		N089030	B. WING		10/31/2016
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
ATRIA HE	ARTHSTONE WEST	3515 SW 67 TOPEKA, K	TH AVENUE S 66606		
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S 115	Continued From page	:1	S 115		
	Findings included:				
	access to resident red Requested user name electronic records, ac	e and password to access cess was denied. A stated access to resident			
	interview with licensed resident nursing programe located on the ele	opm during facility tour, d staff #B confirmed all ress notes for all residents actronic system. He/she be happy to provide (print ested.			
	access to each reside	operator failed to ensure ent 's records for inspection any representative of the			
S3085 SS=E	26-41-202 (a) Negotia	ated Service Agreement	S3085		
	living facility or reside ensure the developme service agreement for the resident's function service needs, and provide the resident or the	se manager, and, if agreed he resident ' s legal			

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NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA TH <b>AVENUE</b>	TE, ZIP CODE		
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S3085	Continued From page	2	S3085			
	negotiated service ag following information: (1) A description of th receive; (2) identification of the and (3) identification of ea	reement shall provide the				
	This REQUIREMENT by: KAR 26-41-202 (a)	is not met as evidenced				
	The facility census equaled 29 the sample included 3 residents and one focus review resident. Based on record review and interview for 3 of 3 residents (#127, #128 and #129), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained the identification of each party responsible for payment if outside resources provide a service.					
	Findings included:					
	Alzheimer 's, dement	for resident #126 with 26/16 with diagnoses of: tia and hypothyroidism.				
	recorded resident req bathing, dressing, toil medications and treat	uired assistance with leting, management of tments and resident has erm memory, memory recall				

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		N089030	B. WING		10/3	31/2016
	ROVIDER OR SUPPLIER		RESS, CITY, STA TH AVENUE (S 66606	TE, ZIP CODE		
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S3085	Negotiated Service As Service Plan (NSA/Herecorded resident to reach bathing, dressing, toil medications and coground NSA/HCSP dated 10/for a family member as #C as the individual widevelopment of the New lacked signature of respectative as part of the NSA/HCSP.  Facility records contadurable power of attostates and face sheet recorded resident Durable power of attostates and DPOAH).  Interview on 10/27/16 nurse #B stated he/sh had a DPOAH but the for family member to in his/her place.  Email received on 10/licensed nurse #B stated nurse place.  Email received on 10/licensed nurse #B stated nurse #B stated nurse #B stated nurse #B stated nurse place.  Email received on 10/licensed nurse #B stated nurse #B stated nurse for his/her own health NSA lacked the signal person responsible for (DPOA).  Review of records for admission date of 8/3 generalized weaknes	greement/ Health Care CSP) dated 10/17/16 receive staff assistance with leting, management of nition.  /17/16 recorded signatures and facility licensed nurse who participated in the ISA/HCSP. NSA/HCSP esident or legal ticipating in the development  sin legal document for recy (DPOA). Admission resident has a DPOA and a briney for Health Care  at 3:00pm with licensed the did not know if resident at DPOA granted permission make decisions for resident  /28/16 at 3:58pm from ated resident does not have med resident is responsible in care decisions.  ature of the resident and ar financial decisions  resident #127 with for the with diagnoses of: s, hypertension, severe almonary disease, cognitive	\$3085			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N089030	89030 B. WING 10/3		10/31/2016
	ROVIDER OR SUPPLIER  ARTHSTONE WEST	3515 SW	DRESS, CITY, STA	TE, ZIP CODE	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	KS 66606	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
S3085	Continued From page	<del>2</del> 4	S3085		
	impairement.				
	assistance with mana treatments has proble	corded resident required gement of medications and ems with short term all and decision making.			
	receive assistance wi medications and treat	ments and cognitive: gen and lists an outside			
	NSA/HCSP lacked the responsible for payme services.	e name of the party ent of outside provider			
		0/14 and diagnoses of: dent (CVA), trigeminal			
		recorded resident required ng and management of ments.			
	receive staff assistance medication assistance	e provided by an outside ovider name) administers			
	NSA/HCSP lacked the responsible for payme services.	e name of the party ent of outside provider			
	and #C confirmed resoutside providers and	with licensed nurses #B idents #127 and #128 use the NSA/HCSP lacked the sponsible of payment of			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		Naganga	B. WING		40/24/2046
		N089030			10/31/2016
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
ATRIA HE	ARTHSTONE WEST		6TH AVENUE KS 66606		
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S3085	Continued From page	5	S3085		
S3200 SS=E	failed to ensure the N Agreement (NSA) cor required health care s collaboration with the legal representative a identification of each p payment if outside res	npleted for residents who ervices, is done in resident or the resident 's nd contained the	S3200		
	(d) Facility administrate medications. If a facil administration of a result administrator or operate medications and biologous that resident in according provider 's written or of practice, and each recommendations. The shall ensure that all of (1) Only licensed numbers.	ity is responsible for the sident 's medications, the ator shall ensure that all egicals are administered to dance with a medical care der, professional standards manufacturer 's ne administrator or operator of the following are met: sees and medication aides manage medications for responsibility.			
	This REQUIREMENT by: KAR 26-41-205(d)	is not met as evidenced			

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ATRIA HE	ARTHSTONE WEST	3515 SW 61 TOPEKA, K	TH AVENUE (S 66606			
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S3200	Continued From page	÷ 6	S3200			
	The sample included review resident. Base interview for resident residents) who utilized assistance for medical operator failed to enstreatments were admiprofessional standard failed to ensure only leading to the sample of the	ation administration, the ure all medications and inistered in accordance with sof practice and further licensed nurses and ninistered medications for				
	Findings included:					
	- Review of records for resident # 128 with admission date of 1/10/14 and diagnoses of: Cerebrovascular accident (CVA), trigeminal neuralgia, depression and hypothyroidism.  Functional Capacity Screen dated 10/24/16 recorded resident required assistance with bathing and management of medications and treatments.					
	service plan dated 10 assistance provided b	greement/ health care //24/16 recorded: Medication by an outside provider. me) administers resident 's				
	sheet dated 09/15/16 medications to be adriadministered twice a	ained a physician 's orders 6 through 10/14/16 listing 12 ministered daily, 2 to be day, 1 to be administered 3 be administered as needed				

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZP CODE  3615 SW 6TH AVENUE TOPEKA, KS 66066  SUMMANY STATEMENT OF DEPICIENCIES PREFIX TAG  CAOSS.REFERENCED TO THE APPROPRIATE  DATE  OWNEL TO CAOSS.REFERENCED TO THE APPROPRIATE  DATE  S3200  Continued From page 7  Resident record dated 09/15/16 through 10/14/16 contained a medication record for medications.  Resident record contained " home health aide plan of care" with an X recorded in the Sunday - Saturday row labeled " medication reminder" (no initials, no dates of entries).  Interview on 10/27/16 at 12:25pm in resident #128 's room, resident stated, " I'm not sure who gives me my medicine, you' Il have to ask them." Resident indicated hisher medication was previously stored in a small black tool box in the cabinet. Tool box was empty. Resident stated, "They just bring it in now." Cabinet contained a medication profile list for the resident, to which resident stated "That's all Greek to me "."  Interview on 10/27/16 with licensed nurse #B stated an outside provider (home health agency name) administered the resident's medications, that the agency has an office located in the independent living wing and medications are stored there in a locked box. the agency presets the medications and the home health aide brings the box to the resident and resident takes the medications from the pre-set box.  Observation on 10/27/16 at 2:25pm in the outside	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3515 SW 6TH AVENUE TOPEKA, KS 66606    X			NASSASSA	B. WING		40/2	24/2046
ATRIA HEARTHSTONE WEST  TOPEKA, KS 86606    (A)1   D   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	NAME OF PI	ROVIDER OR SUPPLIER			TE, ZIP CODE	1 10/3	1/2016
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   TAG   ROSS-REFERENCED TO THE APPROPRIATE   DATE	ATRIA HE	ARTHSTONE WEST					
Resident record dated 09/15/16 through 10/14/16 contained a medication record for medications. Record lacked documentation of administration of medications.  Resident record contained "home health aide plan of care " with an X recorded in the Sunday - Saturday row labeled "medication reminder " (no initials, no dates of entries).  Interview on 10/27/16 at 12:25pm in resident #128's room, resident stated, "I'm not sure who gives me my medicine, you 'll have to ask them." Resident indicated his/her medication was previously stored in a small black tool box in the cabinet. Tool box was empty. Resident stated, "They just bring it in now." Cabinet contained a medication profile list for the resident, to which resident stated "That's all Greek to me".  Interview on 10/27/16 with licensed nurse #B stated an outside provider (home health agency name) administered the resident's medications, that the agency has an office located in the independent living wing and medications are stored there in a locked box, the agency presets the medications and the home health aide brings the box to the resident and resident takes the medications from the pre-set box.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
provider 's office in the independent living wing revealed the agency keeps resident #128 medications in a black file box labeled with resident 's name. Box contained resident prescription medication bottles and a quad (4 row) pill minder box with pills in it.  Review of outside agency records lacked record	\$3200	Resident record dated contained a medication Record lacked docum medications.  Resident record contaplan of care " with an Saturday row labeled (no initials, no dates of the contained a medication was previously stored the cabinet. Tool box stated, " They just be contained a medication to which resident state".  Interview on 10/27/16 stated an outside proname) administered to that the agency has a independent living wing stored there in a locker the medications and the box to the resident medications from the Observation on 10/27 provider's office in the revealed the agency medications in a black resident's name. Both prescription medications was a prescription medication on the prescription medication on the prescription medication on pill minder box was a prescription medication on the prescription medication on the prescription medication on the prescription medication on pill minder box was a prescription medication on the prescription medication on the prescription medication on the prescription medication on pill minder box was a prescription medication on the prescription medication of the prescription of the prescriptio	d 09/15/16 through 10/14/16 on record for medications. Inentation of administration reminder "of entries).  The at 12:25pm in resident administrated, "I'm not sure dicine, you'll have to ask dicated his/her medication of a small black tool box in a small black tool box in was empty. Resident ing it in now. "Cabinet on profile list for the resident, and "That's all Greek to me administrations, and office located in the normal and medications are and medications are and box, the agency presets the home health aide brings at and resident takes the pre-set box.  The at 2:25pm in the outside the independent living wing keeps resident #128 of the box labeled with the contained resident on bottles and a quad (4 with pills in it.	\$3200			

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\$3200	Interview on 10/27/16 agency staff # Q state medications for reside and the home health resident. He/she confrecord each medication residents.  Interview on 10/27/16 #P stated he/she take to resident #128 's rothe/she dumps the me hand and resident take also confirmed he/she the same manner for #326, #327, #328 and roster identified all 5 rown medication and he/she the same manner for #326, #327, #328 and roster identified all 5 rown medication and he/she the same manner for #326, #327, #328 and roster identified all 5 rown medication and he/she the same manner for #326, #327, #328 and roster identified all 5 rown medication and he/she the same manner for #326, #327, #328 and roster identified all 5 rown medication and treat accordance with profepractice and further for hurses and medication when the provider 's unlicense medications to reside	redications by licensed e pill minder boxes.  S at 2:25pm with licensed ed he/she presets the ent #128 in a pill minder box aide takes them down to the firmed he/she does not on he/she presets for  S at 2:25pm with agency staff es the pill minder box down own, resident opens the box, edications into resident 's sees them. Agency staff #P es performs this service in assisted living residents at #329 (facility resident residents as not giving their naving an outside provider).  #326, #327, #328 and #329, ed medication administration atter failed to ensure all the tessional standards of railed to ensure only licensed on aides administered facility allowed an outside d staff to administer ints and failed to ensure the intained documentation of	\$3200			
S3250 SS=D	a) The administrator of	nt Records or operator of each assisted ential health care facility shall	S3250			

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
		N089030	B. WING		10/31/2016
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S3250	resident in accordance professional standard (1) Designated staff seach discharged resident or older for at least fivo fithe resident.  (2) Designated staff seach discharged resident reached resident reaches 18 yyears after the date operiod is longer.  This REQUIREMENT by: KAR 26-41-105(a)	ice of a record for each e with accepted s and practices. hall maintain the record of dent who is 18 years of age re years after the discharge hall maintain the record of dent who is less than 18	\$3250		
	The sample included review resident. Base interview for sampled operator failed to ensirecord for each reside accepted professiona  Findings included:  Review of records fadmission date of 8/3 generalized weakness chronic obstructive pulmpairment when off cimpairment.  Functional Capacity Strecorded resident requirements	3 residents and 1 focus ed on record review and residents (#127), the ure the maintenance of a ent in accordance with I standards and practices.  or resident #127 with /16 with diagnoses of: s, hypertension, severe ulmonary disease, cognitive of oxygen, memory  Screen dated10/6/16			

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\$3250	and decision making.  Negotiated Service Asservice Plan dated 10 receive assistance will medications and treat reminders to use oxygon Resident notes dated (admission date) recompleted at this time assessment and paper at this time  Resident record lacked assessment by a licely signs, respiratory stated Resident notes lacked Interview on 10/27/16 nurse #B confirmed resident has on his/her buttocks.  Review of facility polical assigns, respiratory stated confirmed resident has on his/her buttocks.  Review of facility polical assessment & reasses is determined an individual the community, the reexecutive director of the Atria assessment prices community The confirmed resident on a regular condition Examples is resident on a regular condition Examples	greement/ Health Care 0/6/16 recorded resident to th management of ments and cognitive: gen.  8/3/16 at 6:00pm orded: assessment e, resident signed erworkDr. (name) faxed  ed admission physical nsed nurse including vital us and skin assessment. d time of admission.  at 3:15pm with licensed esident record lacked assessment including vital us and skin assessment, as a history of open wounds  cy for "Subject: assment recorded: "Once it ordual desires to move into assident services director, designee will complete an or to placement in the completed Atria assessment ident's level of care and an The resident sponsible to observe each	S3250		

i I	
N089030 B. WING 10/3	1/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ATRIA HEARTHSTONE WEST 3515 SW 6TH AVENUE TOPEKA, KS 66606	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3250  Continued From page 11 mental/social changes, or illness, injuyr, trauma, and chage in health care needs."  For resident #127, the operator failed to ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices.  S3250  S3250	